

Sarah Adams.

Died at ^{Town} *Cutfield.* ^{County} *Somerset-* MARYLAND

Date 19 *02.* ^{Month} *March-* ^{Day} *8* Age *84-* ^{Y.} *md-* ^{M.} *Housewife-* ^{D.} *4-*

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} *4-*

Husband of *Thomas Adams -*

Wife *Donk-Snow-*

Father's Name *Donk-Snow-* Mother's Maiden Name *Adams*

Cause of Death { Primary *Sofen of Brain* Immediate *65*

How long sick *2 year-*

Accident, Suicide, Homicide

Reported by *H. J. Cutterson*Address *Cutfield. Md -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Florence Ruth Beel

Died at ^{Town} *Crisfield* ^{County} *Somerset* MARYLANDDate 189 *2* ^{Month} *Mar* ^{Day} *10* ^{Y.} *1* ^{M.} *6* ^{D.} *-* ^{Native of} *Md* ^{Occupation} *—*

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living <i>0</i>

Husband of *+*

Wife

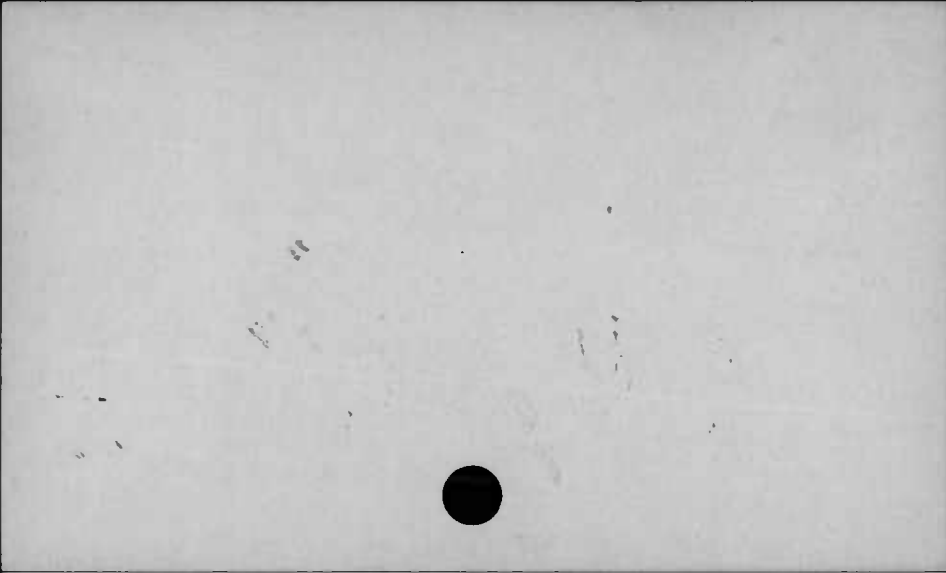
Father's Name	<i>Byron B Beel</i>	Mother's Name	<i>Florence Beel</i>
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Cause of Death	Primary	<i>Intestinal intussusception</i>	How long sick	<i>16 days</i>
	Immediate	<i>—</i>	Accident, Suicide, Homicide	

Reported by *H. F. Hoell*Address *Crisfield Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at *Sallie H. Byrd*
 Town *Crisfield* County *Somerset*
 Maryland
 Date *1902* Month *Mar* Day *17* Age *60.9* Y. M. D. Native of *Md* Occupation *Housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living *2*

Husband of *Geo. H. Byrd*
 Wife *Byrd*
 Father's Name *Braunschallen* Mother's Name *Anne Cullen*

Cause of Death { Primary *Senility* Immediate *64* How long sick *3 days*
 Accident, Suicide, Homicide

Reported by *W. F. Hall*
 Address *Crisfield Md*

Must be signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William J Chetman

Died at ^{Town} White's road. ^{County} Somerset. MARYLAND

Date 1902.. March. 17. | Age. 16. | Native of Somerset | Occupation at home

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living 0

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

havez. cold

No.

How long sick

Three. days

~~Accident, Suicide, Homicide~~

Reported by

Moses. Howard

Address

Marion. Sta

Rev. Chas. Thomas
Pastor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Certificate of Death

Neome Corbin
 Town County

Died at *Neome* Month Day Y. M. D. *Sumner* MARYLAND
 Occupation

Date 1907 *March 25* Age *1 7* *md*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name *Anthony McBride* Mother's Name *Lizzie Corbin*
 Maiden Name

Cause of Death { Primary Immediate *Asphyxia* *15*
 How long sick *4 months*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Francis William Culp

Town

County

Died at near Pocomoke

Somerset Co

MARYLAND

Date 19	02	Month	3	Day	1	Age	Y.	M.	15	D.	Native of	Maryland	Occupation
Male		White		Married		Widow		Divorced					
Female		Colored		Single		Widower		Number of children living					

Husband
of
Wife

Father's Name	William Culp	Mother's Maiden Name	Emma Hill
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Cause of Death	Primary	Pneumonia	How long sick	4 days
	Immediate		Accident, Suicide, Homicide	

Reported by C. H. Hargis

Address Pocomoke Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. Sallie Bashnell

Town

Farmington

County

Somerset

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 22

Age

80

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Wife of

Dr. Cadmus Bashnell

Wife

Father's

Name

John Waters

Mother's

Name

Cause of

Primary

Old age

154

How long sick

3 wks

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. J. Haddock

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John H Garrison
 Town *Marion* County *Somerset*

MARYLAND

Died at *Marion Somerset*
 Date *1902* Month *Mar* Day *5* Y. *44* M. *7* D. *7*
 Age *44.7* Native of *New York* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *4*

Husband of *Julia Garrison*
 Father's Name *Peter Garrison* Mother's Name *Jane G. Garrison*

Cause of Death { Primary *Chronic Bright's disease* Immediate *Uremia* How long sick *3 years*
 Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

H. F. Hall
Crofted Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *unnamed*

Died at *Princess Anne, Somerset County -* MARYLAND

Town *Princess Anne* County *Somerset*

Date 19 *02* Month *July* Day *29* Age *1* Y. *1* M. *1* D. *1*

Native of *Panama* Occupation *none*

Male *yes* White *yes* Married *yes* Widow *yes* Divorced *yes*

Female *yes* Colored *yes* Single *yes* Widower *yes* Number of children living *none*

Husband of *John A. Bowlan*

Wife *John A. Bowlan*

Father's Name *George Hayman* Mother's Maiden Name *Scotia Hayman*

Cause of Death *151*

Primary *151* How long sick *151*

Immediate *151* Accident, Suicide, Homicide *151*

Reported by *John A. Bowlan*

Address *Princess Anne*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ladie Jones

Died at

Orville

Town

Somerset

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Mar

7

18

Age

md

House girl

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

John Jones

Mother's
Name

Eliza Jones

Cause of
Primary

Tuberculosis

How long sick

6 weeks

Death
Immediate

Asthma

Accident, Suicide, Homicide

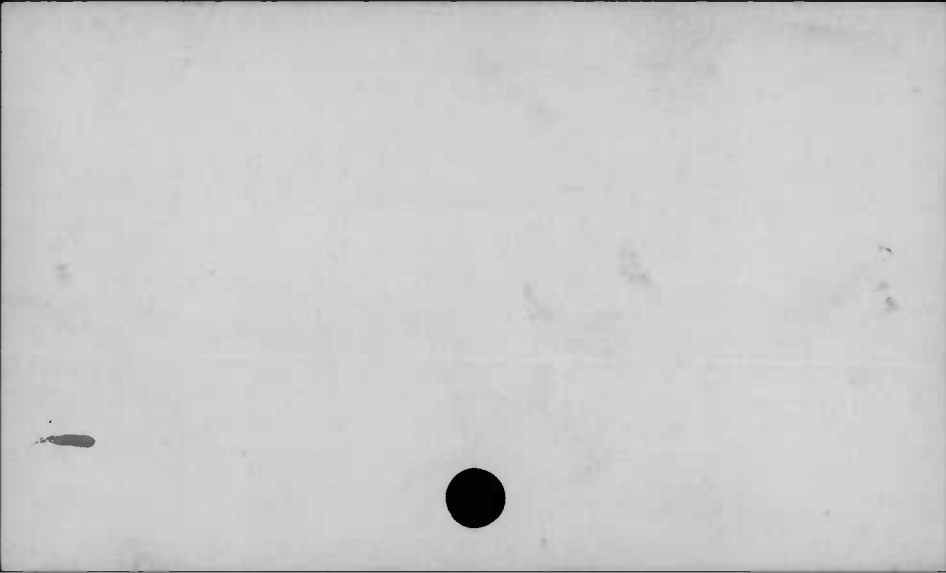
Reported by

Re: Dr. Hugh M. M.

Address

Orville P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



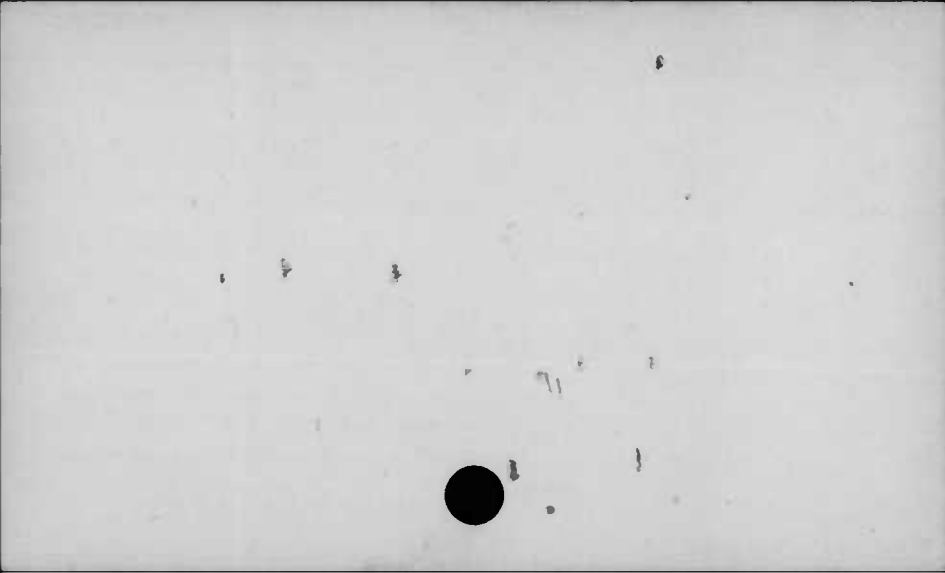
Purnell Jones
 Town _____ County _____
 Died at *Chance Somerset* MARYLAND
 Date 189*1902* Month *March* Day *19* Y. *40* M. *ma.* D. *oysterman*
 Age *40*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widew ☐ Widower ☐ Divorced ☐ Number of children living *7*

Husband of *Ella Mister*
 Wife *Cyrus Jones*
 Father's Name *Cyrus Jones* Mother's Name *Addaline Jones*

Cause of Death { Primary *Myelitis* 65 How long sick *about 1 year*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *S. J. Windsor M. J.*
 Address *Dames Inn, P. O. Somerset Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town *Princess Anne* County *Somerset*

MARYLAND

Died at

Month Day Y. M. D. Native of Occupation

Date 19 *02* *March* *20* Age *1* *—* *—*~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name*John Jones*Mother's
Maiden Name*Augustine Jones*

Cause of Primary

Death Immediate

151

How long sick

Accident, Suicide, Homicide

Reported by

Philip Smith Undertaker
Princess Anne

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George H Kirkpatrick

Died near Pocomoke City

County

Somerset

MARYLAND

Date 1902 March 23

Month

Day

Y.

M.

D.

Native of

Occupation

Age 67

Pennsylvania Shoulders

Male

White

Married

Widow

Died

Number of children living 9-4 living

Husband
of

Wife Anne M

Father's Name Unknown

Mother's Name Unknown

Cause of Primary debility following Pneumonia

How long sick

12 months

Death Immediate Weakness of Heart

Accident, Suicide, Homicide

Reported by J T Costen

Address Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Francis Millburn

Town

County

Died at

Levifield.

Somerset-

MARYLAND

Date ~~1901~~ 1902 March 30.

Age 55.

Native of Maryland - Occupation Clerk.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2.

Husband of

Virginia Millburn

Wife

Father's

Name

Not Known

Mother's

Name

Not Known

Cause of

Primary

Hemiplegia. Right -

How long sick

6 months -

Death

Immediate

Accident, Suicide, Homicide

Reported by

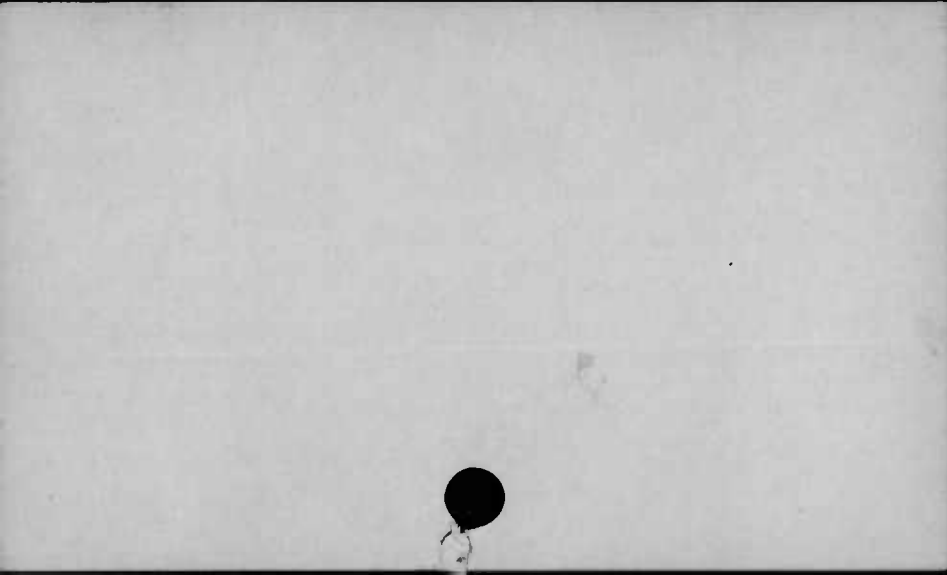
Dr. M. L. Atkinson

Address

Levifield.

Maryland -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Danvers Quarter Town Somerset County MARYLAND
 Date 1902 March 25th Month Day Y. M. D. Age 1-5 Native of md Occupation —
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
~~Female~~ Colored Single Widower Number of children living —

Husband of

Wife

Father's Name Wood Mister Mother's Maiden Name Carrie White

Cause of Death { Primary Pertussis How long sick 2 weeks
 { Immediate Accident, Suicide, Homicide

Reported by

Address

S. J. Windsor M.D.
Danvers Quarter Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chester Harris

Town

County

Died at

Mount Vernon Somerset

MARYLAND

Date 19

or 3 25

Age

67

Native of

Somerset

Occupation

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

one

~~Husband~~

of

Isaac Harris

Wife

Father's

Name

Mother's

Maiden Name

John Cornish Harriet Baileys

Cause of

Primary

pneumonia

How long sick

2 weeks

~~Death~~~~Immediate~~

Accident, Suicide, Homicide

Reported by

C. M. Washkell & Bros

Address

Mt Vernon Somerset

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ida May Anten cold

Died at ^{Town} *Marion* ^{County} *Summit* MARYLAND

Date *1902* ^{Month} *3rd* ^{Day} *30th* ^Y *7* ^M *1902* ^{D.} *1902* ^{Native of} *France* ^{Occupation}

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living}

Husband of

Wife

Father's Name *Don't Know*Mother's Name *Josephine Anten*Cause of ^{Primary}Death ^{Immediate} *Endocarditis*

How long sick

2 days

Accident, Suicide, Homicide

Reported by *F. A. Adams M.D.*Address *Pocomoke City Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jm Herschel Pollard

Town

County

Died at

Marion

Somerset

MARYLAND

Date *1902* *Mich* *4* Y. *6* M. *3* D. Native of *Maryland* Occupation _____

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living _____

Husband of _____

Wife

Father's Name *Jm Henry Pollard*

Mother's

Name

Sarah A. Pollard

Cause of Death { Primary *Double Pneumonia* *93* How long sick *Two days*

Death { Immediate *Prostration* ~~Accident, Suicide, Homicide~~

Reported by

O. R. B. Curren M.D.

Address

Marion Station Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eva Adena Price

Died at *Chance* Town *Somerset* County **MARYLAND**

Date 19 *07* *March* *29th* Month *29th* Day *1-3-* Y. *1* M. *3* D. Native of *Ind* Occupation *—*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of *—*
Wife

Father's Name *Jacob Price* Mother's Maiden Name *Georgie Gale*

Cause of Death { Primary *Bronch. pneumonia* Immediate *92* How long sick *5 days* Accident, Suicide, Homicide *92*

Reported by *P. J. Windsor, M.D.*
Address *Daniel's Quarter Somerset Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Cornelia Pinner

Town

County

Died at Pinner's Lane

Somerset

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date 189 3 - 31 Age 14 Penn Farming
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of

Wife

Father's Name Fred C Pinner

Mother's Name Charlotte Pinner

Cause of Death	Primary	Pneumonia	How long sick 2 weeks
	Immediate	No/known	

116

Accident, Suicide, Homicide

Reported by Mr W. Goodenough

Address Pinner's Lane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Samuel J. Loggins*
 Town *Princess Anne* County *Somerset*
 Died at *Princess Anne Somerset* MARYLAND
 Date 1902 *3-31* Month *3* Day *31* Y. *67* M. *—* D. *—* Native of *Maryland* Occupation *Farmer*
 Male *White* ~~Mixed~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *8*
 Husband of *Emeline Fusey*
 Father's Name *Unknown* Mother's Maiden Name *Unknown*
 Cause of Death { Primary *Valvular Dis. of Heart* Immediate *Acute Indigestion*
 How long sick *1 Day*
~~Accident, Suicide, Homicide~~
 Reported by *Chas. W. Lammonwright*
 Address *Princess Anne Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Henry Walston
 Died at ^{Town} Fairmount ^{County} Somerset

MARYLAND

Date 1892 March 31 Y. M. D. Native of Md Occupation Physician
 Male White Married ~~Widow~~ ~~Single~~ ~~Widower~~ Number of children living
 Female ~~Colored~~ ~~Single~~

Husband of Annie C. of
 Wife
 Father's Name John L. Walston Mother's Name

Cause of Death Primary Consumption How long sick 18 months
 Immediate " Accident, Suicide, Homicide

Reported by Edward S. Miles M.D.
 Address Fairmount Somerset Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Name in Full

Certificate of Death

Hiram Hard
 Town County

MARYLAND

Died at *Hopewell, Somerset*

Date *1902 Mar 29* Age *16, 8* Native of *Ind* Occupation *Cybernetician*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Divorced ~~Number of children living~~

Husband of *X*
 Wife

Father's Name *Henry J Hard* Mother's Name *Mary E Hard*

Cause of Death { Primary *Consumption* Immediate
 How long sick *6 months*
 Accident, Suicide, Homicide

Reported by *W. F. Hall 27*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Edith Marion Lincoln Wheathy

Town Kingston County Somerset MARYLAND
 Died at Kingston Month Mar Day th Y. 1901 M. 1 D. 3 Native of Somerset Occupation
 Date 1901 Mar th Age 1
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Chief of Henry & Annie Wheathy
 Wife Chief of Henry & Annie Wheathy
 Father's Name Henry Wheathy Mother's Annie Rounds
 Maiden Name

Cause of Death Primary Feathering How long sick two weeks
 Death Immediate 179 ~~Accident, Suicide, Homicide~~

Reported by Geo. H. Hall Undertaker
 Address Manokin Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

